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AND	Evaminer Name	2128
CHANGE OF CORRESPONDENCE ADDRES	Attorney Docket Number	David H. Willse
	Attorney Booker Namber	100-00-15-10-01
I hereby revoke all previous powers of attorney given in the above-identified application.		
A Power of Attorney is submitted herewith.		
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l am the: Applicant/Inventor.		
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		
SIGNATURE of Applicant or Assignee of Record		
Signature Wit Tout		
Name Victoria Poissant		
Date October 12, 2009	Telephone (Lel	01/949-4553
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
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